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26479 7590 09/09/2004

**STRAUB & POKOTYLO  
620 TINTON AVENUE  
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TINTON FALLS, NJ 07724**



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|                          |                    |
|--------------------------|--------------------|
| Michael P. Straub        | (Depositor's name) |
| <i>Michael P. Straub</i> | (Signature)        |
| October 21, 2004         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/914,512      | 10/08/2002  | Christophe Leleu     | 74.0241             | 7981             |

TITLE OF INVENTION: METHOD AND APPARATUS FOR MEASURING THE PROPAGATION TIME OF A SIGNAL, IN PARTICULAR A ULTRASOUND SIGNAL

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE  | PUBLICATION FEE          | TOTAL FEE(S) DUE      | DATE DUE   |
|----------------|--------------|--|--------------------------|-----------------------|------------|
| nonprovisional | NO           | \$ 1370  | \$0                      | \$ 1370               | 12/09/2004 |
| EXAMINER       | ART UNIT     | CLASS-SUBCLASS 10/00 2004 BABRAHAZ 00000074 09914512 |                          |                       |            |
| LE, JOHN H     | 2863         | 702-178000   | 01 FC:1501<br>02 FC:8001 | 1370.00 OP<br>9.00 OP |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Straub & Pokotylo  
Michael P. Straub  
3*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Actaris S.A.S**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Michael P. Straub*

Date October 21, 2004

Typed or printed name Michael P. Straub

Registration No. 36, 941

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

|  |  |                        |                            |
|--|--|------------------------|----------------------------|
|  |  | Application Number     | 09/914,512                 |
|  |  | Filing Date            | February 25, 2000          |
|  |  | First Named Inventor   | Christophe LELEU           |
|  |  | Group Art Unit         | 2863                       |
|  |  | Examiner Name          | John H. Le                 |
| Total Number of Pages in This Submission |  | Attorney Docket Number | Actaris-6 (P000175-CD1965) |

### ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Postcard Receipt<br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| Remarks  |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |                                     |
|-------------------------------|-------------------------------------|
| Firm<br>or<br>Individual name | Michael P. Straub (Reg. No. 36,941) |
| Signature                     |                                     |
| Date                          | October 21, 2004                    |

### CERTIFICATE OF MAILING

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October 21, 2004

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| Typed or printed name | Michael P. Straub |
| Signature             |                   |
| Date                  | October 21, 2004  |

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